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INCREASING SCHOOL NURSE TEACHERS' AWARENESS OF THE SOCIAL
EMOTIONAL LEARNING INITIATIVES IN THE WARWICK
PUBLIC SCHOOLS

by

Andrea Sharkey

A Major Paper Submitted in Partial Fulfillment

of the Requirements for the Degree of

Master of Science in Nursing

in

The School of Nursing

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2020

Abstract

According to the Centers for Disease Control and Prevention (CDC) (2013) and the National Library of Medicine (2013), the numbers of emotional and mental health issues in children have increased significantly. The National Institute of Mental Health (NIMH) (2017) indicates that the prevalence of mental illness in these age groups is 20 percent. Schools are increasingly implementing social-emotional programs and curricula to address these needs. School nurse teachers provide care for many of these children and are in a position to promote positive outcomes for them. However, many school nurse teachers are not aware of the social-emotional programs and curricula programs that are available.

The purpose of this program development project was to increase school nurse teachers' awareness of the school district's social emotional learning (SEL) initiatives. This project addressed the clinical question of whether an educational program addressing SEL increased school nurse teachers' awareness of the SEL initiatives which had been adopted by the Warwick Public Schools. The findings of the study indicated that a presentation describing SEL increased the school nurse teachers' awareness of the initiatives that had been adopted by the Warwick Public Schools.

The implications for advanced nursing practice include education that ensures school nurses have the competencies to provide care for students and families with complex social and emotional needs. They must be able to identify students who are struggling with mental health issues and have the skills to intervene on their behalf.

Keywords: social emotional learning, eustress, adaptation

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Increasing School Nurse Teachers' Awareness of the Social Emotional Learning Initiatives in the Warwick Public Schools

Background/Statement of the Problem

According to the Centers for Disease Control and Prevention (CDC) (2013) and the National Library of Medicine (2013), the numbers of emotional and mental health issues in children have increased significantly. The National Institute of Mental Health (NIMH) (2017) indicates that the prevalence of mental illness in these age groups is 20 percent. Schools are increasingly implementing social-emotional programs and curricula to address these needs. School nurse teachers provide care for many of these children and are in a position to promote positive outcomes for them. However, many school nurse teachers are not aware of the social-emotional programs and curricula programs that are available.

In order for children to be able to learn in school, they must develop social and emotional coping skills to succeed when faced with stressful situations. According to the Collaborative for Academic, Social and Emotional Learning (CASEL) these skills include "self-awareness, self-management, social awareness, relationship skills, and responsible decision making" (CASEL, 2017, para 2-6). As noted on the Rhode Island Department of Education's (RIDE) website, Social Emotional Learning (SEL) is a framework used by educators to teach students strategies in order to be able to understand their emotions, learn how to treat others, choose friends and relationships wisely, make responsible decisions, and handle difficult decisions in an ethical and constructive manner (RIDE, 2017). This approach can be applied to students of all ages and across all content areas. It can be incorporated into the daily lesson plans as part of each class. SEL

has been adopted by the Rhode Island Department of Education. The SEL standards as presented on the website state:

On October 24, 2017, the Council for Elementary and Secondary Education endorsed RI SEL Standards: Competencies for School and Life Success. Districts are encouraged to follow these standards and implement them in classrooms at all levels, for all students. SEL is NOT "one more thing," but connects to all instruction and supports academic rigor. SEL skills are important for ALL.

(Rhode Island Department of Education, 2017, October, 24).

In addition to the universal application of SEL, each school in RI must follow the Basic Education Plan (BEP) which requires schools to create a safe environment where learning can take place, good attendance is promoted, order is maintained, and good decision making skills are encouraged and modeled by school faculty and staff (Rhode Island Council for Elementary and Secondary Education, 2017).

Literature Review

Databases searched for the literature review included CINAHL, ERIC, Pubmed and Google Scholar. Keywords included anxiety in children, mental health in children, school settings, social emotional learning, and school nurse role. The RI Departments of Health and Education websites were also utilized to gather information. Date range searched was between 2007-2019. English language and articles were searched. Excluded were dates prior to 2007 and articles or studies not written in English. The literature most directly impacting social emotional health in children was reviewed including Adverse Childhood Experiences (ACEs), stress in children, mental health needs of children, and school based social emotional learning interventions.

Adverse Childhood Experiences

According to a systematic review and meta-analysis conducted by Hughes et al. (2017), individuals who experience four or more adverse childhood experiences (ACEs) are more likely to experience lifestyle behaviors or health conditions that challenge public health globally. They are at risk for alcohol and drug abuse, obesity, heart disease, diabetes, sexual risk taking and violence as well as mental illness (Hughes et al., 2017). Policies that examine the causes of childhood adversity rather than just addressing the consequences are being explored. The United Nations (UN) addresses this globally with the Sustainable Development Goals which have the aim of promoting lifelong health. Hughes et al. (2017) state, “Through the United Nations 2030 Agenda for Sustainable Development, countries have committed to action to meet 17 global Sustainable Development Goals (SDGs) by 2030” (Hughes et al., 2017, p.363-364). These goals specifically address ACE’s and their risk factors. Hughes et al. (2017) state, “The SDGs

also place major focus on early childhood development as a means of securing lifelong health and provide strong political endorsement and a multi-sectoral framework for this approach” (Hughes et al., 2017, p.364).

This meta-analysis determined that worldwide a billion children have been victims of violence. This suggests “a substantial but largely hidden contribution to the Global Burden of Disease” (Hughes et al., 2017, p.363). Smoking and alcohol abuse are leading factors in the burden of disease and are associated with non-communicable diseases. Respiratory disease, cardiac disease, diabetes and cancer are therefore more likely in those who have experienced at least four or more ACEs. Evidence has shown that multiple agencies can coordinate programs to prevent ACEs or decrease their effects. Schools are capable of implementing programs to enable children to feel empowered and develop coping strategies which “enable them to overcome adversity and avoid its harmful effects” (Hughes et al., 2017, 364).

A prospective analysis of longitudinal studies of childhood abuse and neglect was conducted in multiple regions of the United States by Flaherty et al. (2013). According to this research,

Child maltreatment and other adverse childhood experiences (ACEs) have been linked to depressed mood, anxiety, posttraumatic stress disorder symptoms, risk-taking behavior, early pregnancy, eating disorders, weight problems, substance use, sexually transmitted disease treatment, suicide attempts, and mental health treatment in adolescents. (pp. 623)

The conclusion reported by these researchers is that children, including adolescents, are vulnerable populations and are negatively affected by ACEs. They may have physical symptoms or demonstrate a variety of behaviors that negatively affect them on a daily

basis. This study concluded that 27.2% of youth who had experienced ACEs “had a health problem including reported poor health, illness requiring a doctor, or somatic complaints” (Flaherty et al., 2013, p.627).

Stress in Children

Increased perceived stress has been cited as a serious issue among children globally and in the United States. A study conducted in India by Khan, Lanin, and Ahmad (2015) used Lazarus and Folkman’s definition of stress as “a mental or physical phenomenon formed through one’s cognitive appraisal of the stimulation and is a result of one’s interaction with the environment” (Khan et al., 1984, p.166). The authors explain how stress can be positive (eustress) or negative (distress). Eustress is what helps individuals perform their work and stay on task. Once the task is perceived to be overwhelming, the situation advances to distress. The aim of the study was clearly stated as “to know the level of stress among school going children” (Khan et al., 2015, p.167). The study sample was comprised of 42 male students and 22 female students between the ages of 14-18. The researcher used a stress scale that contained 51 statements of stressful situations to which the students could relate. The results demonstrated that boys reported more stress than girls. The study authors concluded that schools are an ideal setting to address the mental health needs of students. They state that it is essential for schools to acknowledge that part of this burden of dealing with mental health issues in children is appropriate to be managed in schools. They stated that ideally, schools and parents could work cooperatively to address the needs of students. One limitation cited was the small sample size used in this study which may challenge its validity (Khan et al., 2015).

School attendance is clearly impacted by students' social and emotional health. A qualitative pilot study conducted by Armstrong, Brown, Brindley, Coreil and McDermott (2011) found that "the estimated prevalence of school refusal ranges from 1% to 8% of the school-age population, with approximately 28% of American students refusing school at some point" (Armstrong et al., 2011, p.552). In this study conducted in one of the country's largest school districts in Florida during the 2004-2005 school year, Armstrong et al. conducted interviews with various members of school personnel, including but not limited to, principals, psychologists, guidance counselors, nurses, and teachers. School health personnel were limited to 10 school nurses or health assistants. Of the school nurses, six were registered nurses and the remainder were licensed practical nurses. Interviews were used as the method of data collection in this study. After a pilot study was conducted with 10 participants, the results were submitted to a qualitative research methodologist, a school expert, and a school refusal expert for interpretation. The results indicated that participants categorized students into three categories in the interviews: students who had no validated physical illness and visited the clinic often; students who visited the clinic for a phobia related to the school environment; and students who were validated to have a physical, mental, or emotional illness. Limitations include that neither the students' nor the parents' perspectives were presented. One study limitation is that only high school and middle school student issues were considered, while ignoring the issues of students in elementary school. Skybo and Buck (2007) utilized Lazarus' Model of Stress and Coping when conducting their qualitative study which explored stress. Their research design was a longitudinal study which measured the change in stress, stress symptoms, and coping related to

proficiency testing during the school year 2003 to 2004. In this study, they explained the linkages between Lazarus' model and the interactions between children and their environment. The authors discussed children's use of coping strategies after appraising the stress in their environment. This research, conducted in an elementary school in Ohio, used five instruments to study stress and its relation to proficiency testing. A demographic form was initially completed by the parents of participating students, and a visual scale developed by the researchers was used to assess the students stress related to proficiency testing. A Children's Source of Stress Scale developed by Ryan-Wegner (2005) was used to record the children's answers to open ended questions about stressors in their lives. The Children's Stress Symptom Scale, a self-reporting instrument which measures children's experience of stress related symptoms, was used. The School-Agers Coping Strategies Inventory, another self-reporting instrument, was also used. Skybo and Buck determined that some stress in the children's environment was due to standardized testing. They reported that since children cannot change the testing, they can only change their appraisal of the situation and their methods of coping with the situation in order to decrease their stress. The findings were that students' levels of stress and anxiety decreased over the course of the school year. The authors concluded that further research needs to be conducted to determine if the students actually are able to learn to cope with their anxiety related to proficiency testing or other stressors in their lives. The researchers determined that at the time of the study, students may have been anxious prior to and during testing and that they have coping skills to deal with the anxiety. The researchers also concluded that school nurses could advise parents and teachers that children are capable of adapting to situations in which proficiency testing is administered

and that school nurses should be able to facilitate the use of coping mechanisms that are available to the students and, with the student, determine ways in which the student can adapt to the stressor.

Mental Health Needs of Children

An international qualitative study conducted in Scotland by Membride, McFadden, and Atkinson (2015) studied school nurses' perceptions of their abilities to provide care for children's mental health needs. The research method used was qualitative using semi-structured interviewing which the authors state allowed the participants the freedom to provide in depth responses and greater detail to improve understanding of the issue. The authors explained the severity of the mental health crisis facing the young people in Scotland where an estimated 10-20% of children experienced mental health problems during their school years. This study sample consisted of sixteen nurses who agree to participate out of twenty who qualified. In this study, nurses were interviewed in order to determine if they felt they had been adequately trained to handle the significant numbers of students that experienced sickness, anxiety, or depression. The respondents reported that school children are a vulnerable population and that early diagnosis is imperative to establish a sense of self-worth and self-confidence. One school nurse who was interviewed expressed her lack of ability to provide mental health services to children in the school setting, responding that she was not a mental health nurse. She expressed concern that the lack of training in care of students with mental health issues could result in harm to mentally ill children. Overall, it was determined that school nurses reported that they should be able to engage in activities that are proactive and that the majority of what they do is reactive. They also concluded that the goal should be to "implement and

deliver services in which children and young people feel safe to discuss their emotional health and wellbeing problems” (Membride et al., 2015, p.24). In order for this to be accomplished, the authors concluded that school nurses must be properly educated and supported to meet the rising demand of the challenging social and emotional health related situations they encounter every day. The limitations of this study included the small sample size. The population sampled may not represent the schools across all of Scotland or school nurses in general.

In another international study, Lee et al. (2013) studied mental illness in children in Korea, exclusively focusing on depression. The population studied was elementary school age children. To determine factors that played a major role in children’s depression, the authors examined several environmental factors which included caregiving style, school, and neighborhood. In addition to environmental factors, individual factors of self-concept and anxiety were examined. The authors noted that the incidence of childhood depression has become a debilitating problem that, if left unidentified and untreated, can lead to developmental delay and a declination in both social and school functioning. Lee et al. studied low income children from six different communities for a total of 262 first to sixth grade students. These families had been identified because they received national assistance from the Korean government. The sample size consisted of 142 boys and 120 girls. The method used was a cross-sectional exploratory research design. The variables of self-concept and anxiety were examined using the Piers-Harris Children’s Self-Concept Tool and the Revised Children’s Manifest Anxiety Scale, respectively. The environmental variables were examined through interviews with the children that were recorded on a Likert type scale. The participants

were asked questions regarding their caregivers, school environment including peers, and neighborhood style.

The researchers found that among children of either sex, those that were determined to be depressed also exhibited signs of anxiety. The authors concluded that school nurses should be encouraged to conduct mental health screening on children to determine whether they are depressed and make the appropriate referrals to mental health professionals. The study also concluded that school based interventions may be more effective for boys and family based interventions may be more effective for girls (Lee, 2013).

A qualitative, explorative study in Norway conducted by Skundberg-Kletthagen and Larsen Moen (2017) examined school nurses' involvement and attitudes when working with students who exhibited signs of emotional and mental health issues. This study was an exploratory study which used interviews with open ended questions. A sample of 284 school nurses participated. After the data was analyzed, three categories of information emerged: the nurses' perception in their role and experience in dealing with mental health issues; the nurses' perception of their own importance in these dealings; and nurses' perceptions of their competence in dealing with these issues. This qualitative study concluded that more training for school nurses was required in order for them to be more comfortable in dealing with students who presented a variety of emotional and mental health issues in the school setting (Skundberg-Kletthagen & Larsen Moen, 2017).

School Based Social Emotional Learning Interventions

Many schools are initiating school based social emotional learning interventions internationally and in the US in response to the increasing need. A randomized control

trial was reported which took place in a public school setting in Spain by Bermejo-Martins et al. (2019). The authors noted that although an increased number of social emotional programs have been implemented, little evidence based research that supported the efficacy of the programs existed. The authors described the protocol for an experimental study with 37 participants in which the experimental group (n=19) had an intervention consisting of education related to wellness including sleep, nutrition, and exercise. The control group (n=18) participated in their normal school routine. The researchers reported positive outcomes in the areas of emotional perception and resilience in the intervention group. The researchers concluded that there were positive effects of social emotional learning on children's well-being in the group who participated in the program and that further research was indicated.

A meta-analysis on the impact of enhancing students' social and emotional learning in school based universal interventions was conducted by Durlak, Weissberg, Dymnicki, Taylor, and Schellinger (2011). The authors reviewed 213 research articles involving studies that impacted a total of 270,030 children from kindergarten through high school. Fifty-six percent of the students who participated in the studies were elementary school children. The authors examined programs of school-based, universal, social, and emotional learning programs. Forty-seven percent of the studies were randomized control trials. The researchers stated that the studies analyzed showed that SEL programs have had a positive impact on children. (Durlak et al., 2011). This evidence-based information supports the state's initiatives to implement SEL programs.

The researchers determined that significant positive effects on specific competencies about self, others, and school were achieved. Positive effects in student behavior,

conduct, and academic performance were also achieved and the latter was measured through results of achievement test grades (Durlak et al. 2011). Another important conclusion was that classroom teachers have the ability to implement SEL programs in the classroom thus eliminating the need to bring in experts. SEL programs were determined to have positive outcomes on students across all grade levels, ethnicities and socio-economic groups.

In support of the results of this meta-analysis is the report by the Institute of Medicine (2009) which “indicated that the promotion of competence, self-esteem, mastery, and social inclusion can serve as a foundation for both prevention and treatment of mental, emotional and behavioral disorders” (Durlak et al. 2011 p.420). The U.S. Surgeon General’s Conference on Children’s Mental Health determined the importance of SEL as well. “Mental health is a critical component of children’s learning and general health. Fostering social and emotional health in children as a part of healthy child development must therefore be a national priority” (U.S. Public Health Service, 2000, p.3).

The search of the literature did not provide any information which was specific to school nurses and SEL programs. It was the intent of the researcher to address this gap in research by examining the potential to increase school nurse teachers’ awareness of the SEL initiatives that exist in Warwick Public Schools.

Theoretical Framework

The two conceptual frameworks that were used to guide this quality improvement project are Lazarus' Stress Coping, and Adaptation Theory and the Logic Model. Lazarus' Stress, Coping and Adaptation Theory facilitates understanding of the social and emotional health of children. It illustrates how they may deal with stressful situations with which they are presented. This middle range theory can be applied to all different age groups and a wide variety of situations and settings (Lazarus et al. 1984).

The major concepts of this theory are stress, coping, and adaptation. In this theory, these concepts describe the way people perceive stress, the way they cope with the stress, and how they are able to adapt to the stress. The major propositions of this theory center on the person and their relationship with the environment and the way he or she appraises the environmental stressor. The connection between people and their environment is multifaceted. Many different factors influence the way in which people think about their levels of stress. Friendships, family members, support systems, culture, values and beliefs, employment and life events all influence the stress and coping mechanisms that people have available to them. Appraisal addresses the issue of how the person views the stressor. The person's interpretation of a stressful event is their primary appraisal. The secondary appraisal is the evaluation of how the person responds to a stressful event, and reappraisal is an additional appraisal which is done after gaining new information (Lazarus & Folkman, 1984). Lazarus' theory was applied to the school setting to understand negative aspects of stress on school aged children and youth and the mechanism that promotes coping in this population. Lazarus' model is depicted below in Figure 1.

Figure 1. Transactional Model of Stress and Coping of Richard Lazarus (Guttmann, 16 Oct. 2016)

The Logic Model, developed by Weiss and Wholey (1970), and was also utilized in this program development project. It clearly outlines the resources to be used as well as the input (activities to be performed), and output (outcomes both short and long term and the impact of the program on the specific sample). The logic model states that the outcomes and impacts of the program should be specific, measurable, action-oriented, realistic and timed (W.K. Kellogg Foundation, 1998). The purpose of this educational program was to increase knowledge of SEL interventions in school nurses in the public school system of Warwick, RI. The context of the work is the school district of Warwick, RI which is a suburban community with a population of 80,000 that provides educational

services for 9100 children and youth K-12. A total of 19 school nurses are employed by the city. The resources needed for an SEL educational program for school nurses including outreach materials, objectives, relevant content on SEL, and pre and posttests were provided by the student researcher following the literature review demonstrating a gap in knowledge. Constraints including approval by the district, the availability of school nurses, possible resistance to learning this content, and other competing demands for the nurses' time were considered. Changes were made to adapt the program such as offering multiple sessions. Other barriers include the school nurses being concerned that they would not have time to incorporate what they learned in addition to the services they already provide. In addition, the overarching idea of "we've always done it this way" could lead to an unwillingness to embrace new ideas. The activity aimed at directing change consisted of a face to face session using a PowerPoint slide presentation combined with open discussion which presented background information on social emotional learning and current SEL initiatives that had been implemented in the school district. The output or evidence of performing the activity is the difference between the score on the pre and post- tests scored by the participating school nurses. Short-term effects predicted include an increased awareness of SEL resources in the participating nurses. Mid-term effects include increased confidence in school nurses in promoting positive mental health and wellness for children and youth in the school setting. Long-term effects may include decreased perceived stress, anxiety, and negative mental health symptoms in children and youth in the school setting and early identification and referral for children and youth experiencing negative mental health issues. Figure 2 depicts the Logic Model below.

Figure 2. Logic Model (Community Tool Box, 2019)

Method

Purpose/Question

The purpose of this program development project was to increase school nurse teachers' awareness of the school district's social emotional learning initiatives. In Rhode Island, school nurses are certified as school nurse teachers by the Rhode Island Department of Education. This provides them with a teaching certificate which enables them to teach health education to grades PK-12. This project addressed the clinical question of whether an educational program addressing SEL increased school nurse teachers' awareness of the SEL initiatives which had been adopted by the Warwick Public Schools.

Desired Outcomes

The short term goal of the educational program was an increase in awareness of SEL initiatives among school nurses. The long term goal of the program was the application of SEL knowledge to school nursing practice and the improvement of mental health outcomes for school aged children.

Design

This quality improvement project used a program development design with a pre and posttest.

Sample

The sample who participated in this study included nine elementary school nurse teachers employed by the Warwick Public Schools. School nurses were recruited by email and were informed that a presentation on SEL would take place at a school nurse meeting with a pre and posttest administered. They were advised that attendance was not

mandatory and that participation in the pre and posttests was not a requirement for attending the presentation. Potential participants were informed that the all responses would be de-identified.

Site

The program took place at the administration building of the Warwick Public Schools with face to face meetings, one in March of 2019, one in April of 2019 (cohort 1 n=3), and one in May 2019 (cohort 2 n=6).

Procedures

An application was submitted to the Rhode Island College Institutional Review Board (IRB), and it was determined that this quality improvement project was exempt from IRB review. Correspondence indicating support was obtained from the Director of Special Services for the Warwick Public Schools. This correspondence is found in Appendix A. The student researcher provided an informational letter to the school nurses who attended all meetings describing the project. The informational letter is seen in Appendix B. The opportunity for participation in an educational program to learn more about the SEL program adopted by the Warwick School District was presented during a Warwick district school nurse meeting in March 2019 at the Warwick School Administration Building to all school nurses present (n= 13). At this meeting, a pre- test was provided to those who agreed to participate.

An educational program giving evidence based information on social emotional health in children and the SEL program initiative adopted by the school district was then conducted at a regularly scheduled monthly nurses meeting for a group of three school

nurses in April 2019. This was also located at the administration building of the Warwick public schools. In May of 2019, a second SEL educational program was presented using the same content as the first at a regularly scheduled monthly nursing meeting with six different school nurse teachers participating. All nine participants had completed a pretest at the initial March outreach meeting.

Immediately following the educational program, a posttest was administered and matched via code with the appropriate pretest in order to compare changes in scores. The pre and post- tests were designed by the student researcher to specifically capture the data desired for this quality improvement project. The sample pre and posttests are displayed in Appendix C. The PowerPoint educational program slides used for the educational program on are presented in Appendix D.

Measurement

Results of the effect of the SEL educational program to increase the school nurse teachers' awareness of school district social emotional initiative was calculated by comparing the scores of the pretests and posttests. The comparison was analyzed using descriptive methods and measures of central tendency.

Results

Nineteen school nurse teachers are employed by the Warwick Public School Department. The pretest for the educational session was distributed to all nurses who attended a regularly scheduled meeting of the Warwick school nurse teachers in March, 2019. Thirteen nurses (68.4%) of the nineteen total nurses were in attendance. At a follow up meeting in April, three nurses who chose to participate in the program were in attendance (16%). All those nurses present participated the SEL presentation and completed the pre and post-tests. In May, 2019, at another regularly scheduled meeting of the Warwick school nurse teachers, six nurses attended the SEL presentation and completed the posttest (47%). All nine school nurse teachers participated in the educational program and completed the pretest and the posttest. Figure 3, which is below as a bar graph, displays the possible number of nurse participants, the number of nurses completing the pre-test, and the number of nurses completing the entire program consisting of taking the pre-test, participating in the educational presentation, and taking the post-test.

Figure 3. Number of School Nurse Participants

The pre and posttest data was reviewed to compare the school nurses' knowledge of SEL prior to the educational intervention and the knowledge of SEL following the educational intervention. Eight quantitative questions on the pre and post-tests and two qualitative questions on the pre and post-tests were presented to all of the school nurse teachers participating (Appendix C). The quantitative question results showed improvement in nurse knowledge of social emotional learning initiatives in the Warwick public school department after participation in the educational program. Figure 4 is presented as a bar graph and indicates the number of affirmative answers by each nurse on the pre and post-tests.

Figure 4. Pre and Post Affirmative Responses SEL Knowledge School Nurse Participants

The pre and posttest questions elicited some important information. One question indicated that although seven of the nine participating nurses were familiar with the term “Social Emotional Learning,” only one nurse of the nine (11%) had any knowledge about the SEL initiatives endorsed by the Rhode Island Department of Education. In addition, only three nurses of the nine (33%) had any knowledge about the SEL initiatives taking place in the Warwick Public Schools. All nine of the participating nurses (100%) indicated that children present in their offices who are expressing symptoms that may be related to mental health issues such as stress, anxiety, depression, Attention-Deficit/Hyperactivity Disorder (ADHD), and Posttraumatic Stress Disorder (PTSD). Only one of the nine participating nurses indicated that a mental health professional is “always” available in their school to address specific mental health issues. Prior to the presentation, only two of the nine nurses (22%) agreed that they were adequately prepared to deal with students who are experiencing mental health issues who present to their offices. After participating in the presentation, five of the nine nurses responded that they were adequately prepared, an increase of 33%.

One of the two qualitative questions asked in the posttest pertained to the number of students who were expressing symptoms that may be related to mental health issues and sought to determine the frequency that these students presented to the nurses. All nine of the nurses (100%) expressed that they provide nursing services to students with mental health issues. Two nurses reported that the frequency was 1-2 per day, 3 nurses reported 3-5 daily, and 4 nurses reported that more than 5 of these children were seen in the health office daily.

The second qualitative question asked the participants to briefly describe their knowledge of CASEL and PBIS and their perspectives about implementation in school nursing practice. One of the participants reported that although her school administration has developed and encouraged all staff members to become familiar with and participate in PBIS strategies, “In the health office, it’s a bit more limiting due to time and prioritizing health concerns.”

Lack of training of school nurses was also cited as a barrier. One nurse stated that she “had just learned some things about CASEL, more familiar with PBIS in general- have not had classes except this overview.” Another nurse stated that prior to this training she had heard of PBIS and CASEL, “but not with any depth of explanation as to their purpose, goals, strategies..... totally superficial knowledge.” She then stated, “since then I have a better understanding of CASEL and its positive effect in the children’s education and their emotional/social life. Also, there was some consensus among participants about the importance of implementing these techniques. I feel PBIS would be more effective with CASEL in effect.” Personnel cuts of elementary school counselors was also identified as a challenge by the school nurse teachers. Qualitative feedback about participation in the SEL educational program indicated that the program resulted in increased knowledge and that a need existed for further education in this area.

One participant reported on the Positive Behavioral Interventions and Supports (PBIS) currently being used in her school due to increased student mental health issues and challenges to implementation. She stated: PBIS is an ongoing initiative that enables counselors to work with students to reinforce positive behaviors and increase emotional and social awareness and safe practices in life. Students are meeting in small groups to

develop skills and decrease anxiety and help defuse life issues. It has been ongoing for quite a few years, and we lost the benefit of this program when we lost our elementary guidance counselors. Psychologists and social workers have picked up some of the children and meet in small group sessions I believe doing the same thing.

Another school nurse participant demonstrated insight, comparing the CASEL to the PBIS model, stating “SEL is connecting emotionally with students so you can have insight to what is going on outside of school. ...PBIS (is) teaching and rewarding students for positive behavior.”

Qualitative responses demonstrated low knowledge levels prior to the program. Another school nurse reported that participation in the SEL education “has heightened my awareness and offered materials and information.” A third participant indicated that she “learned some things about CASEL” and had “not had classes except this overview.”

Limitations

One limitation of the program development project was the small number of participants and that the program was limited to only one school district. Nine nurses of the nineteen Warwick school nurses completed the program participating in the pretest, SEL program, and posttest. Although all nine nurses demonstrated an increase in knowledge, a larger number of participants both within the district and in other districts would have strengthened the findings and made it more generalizable to other school nurses. The school nurses were not divided into categories according to the age of the children for whom they provide services which may have been an important characteristic to measure. Another limitation was that the program took place in a suburban community with school nurses assigned to each school. Generalizability to other communities which are less

homogeneous or to other school nurses who may provide services for larger districts is also an issue. Also, the school nurses who participated in this program did so voluntarily. The nurses who volunteered to participate may have been different from those who did not in terms of knowledge, skills, and attitudes. Lastly, the tool used to measure their knowledge was created by the researcher and has not been tested for reliability or validity and therefore may not capture the data needed appropriately.

Summary and Conclusions

A quality improvement project was planned, implemented, and evaluated to explore the knowledge of school nurse teachers in a suburban school district prior to and following participation in an evidenced based social emotional learning educational program. Nine school nurse teachers participated. A pretest was administered prior to the program, and a posttest immediately following the program for both cohorts. The pre and posttests were designed by the student researcher to specifically capture the data desired for this quality improvement project. Findings included that all school nurses provided services for children who presented to the health office with social emotional issues and that the resources such as school psychologists and social workers in the school setting for managing social emotional issues have decreased, leaving school nurses often responsible for providing care. Overwhelmingly, the school nurses reported that more education is required for them to effectively provide services for this population. Information about the SEL program used by the district has not been effectively communicated to the school nurses in the district. The issue of not having the appropriate time to provide the support to students with social emotional issues because of other demands was also cited as a barrier.

In conclusion, this quality improvement project points to the expanding number of children who require care for social and emotional issues and the increasing demand on the school nurse teacher to provide this care in the context of decreasing support and resources. The most important conclusion found is that school nurses have identified that they are not equipped with the knowledge required to provide care for children and youth who are presenting with increasingly complex and serious social and emotional issues. A

systematic plan to provide education and support to these front-line professional nurses will be an investment in the future of our children.

Recommendations and Implications for Advanced Nursing Practice

The implications of this quality improvement program are critical for children and families who are experiencing a high prevalence of social and emotional issues. The Robert Wood Johnson Foundation's document, *Catalysts for Change* (2017), calls on nurses to: use a holistic approach and consider physical, mental, social, and spiritual aspects to provide care; coordinate care across settings, including schools; to collaborate with others including families, teachers, school social workers and psychologists, and community agencies to provide the complex multi-faceted care are needed for children and youth in today's society; and to advocate for the individual, family, and community. The implications for this issue related to practice, education, and policy are important to address. In terms of practice, school nurses on the front lines providing care for students who are experiencing serious social and emotional health issues must be provided with the support they need including adequate staffing and internal and external resources such as school psychologists, social workers, and pediatric mental health providers who take Medical Assistance insurance. They must receive timely and clear information about all programs impacting student health including SEL programs. They must be offered relevant and accessible education to improve their knowledge and skills needed for providing care for children and families with complex social and emotional issues. School nurses are not only caregivers and educators. As school nurses, they are in the unique position of being a liaison between students, families, and providers and, in that capacity, they are able to advocate for the needs of the children. Nursing education programs at the graduate level must prepare school nurses who have the competencies to provide care for students and families with complex social and

emotional needs. They must be able to identify students who are struggling with mental health issues and have the skills to intervene on their behalf. Children and youth who require intervention often have significant health disparities and may not have access to important social determinants of health such as food, housing, and financial resources. They may also have been impacted by adverse childhood experiences (ACEs) which can initiate health problems for children and also later in life. Therefore, the school nurses and others who work in those schools have more responsibility to identify and help these students. Masters of Science in Nursing (MSN) programs which provide broad population health nursing knowledge and experiences in coursework and clinical can prepare students who are ready to take on these challenges.

The National Association of School Nurses (NASN) has a framework for 21st century school nursing practice aligned with a Whole School, Whole Community, and Whole Child Model (Chiang, Meagher, Slade, 2015). As leaders in school health, school nurses focus on prevention by adhering to the standards of professional practice. This framework provides structure and focus for the key principles and components of current, evidence-based school nursing practice. The domains of the framework are: standards of practice, care continuation, leadership, quality improvement and community/public health. The role of the school nurse combines all elements of this framework (National Association of School Nurses, 2016).

The SEL initiatives described in this paper primarily focus on leadership and quality improvement. The leadership role of the school nurse teacher enables them to be part of the multi-disciplinary team and bring innovative ideas regarding SEL to the team and thus the entire faculty. This calls for a collaborative and coordinated approach to learning

and health and includes policy implications. School nurses need to advocate for support for families who are experiencing chronic stress from financial and social factors through advocacy and collective political activity. Issues such as parents who are incarcerated and or opioid addicted, housing and food insecurity, and lack of access to a safe environment are deep and require policy change at the state and federal level. They are not easily solved with individual interventions, creating overwhelming challenges for school nurses who are continuously dealing with families in crisis. Advocating for services to meet the basic needs of families as well as funding for school based mental health care and for funding more pediatric mental health providers are essential for the current population of school aged students with multiple complex social and emotional issues. The advanced practice public health nurse should conduct and disseminate research in order to promote positive health outcomes in the area of social emotional health for school age children.

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Appendix A

On Wed, Jun 20, 2018 at 12:24 PM, Andrea Sharkey wrote:

Hi Jen,

I am doing a Quality Improvement Project for a Masters in Nursing Program that I am enrolled in at Rhode Island College. My concentration is Public Health. For the project I am planning on doing an educational program for our school nurses. The objective is to increase their awareness of the Social Emotional Learning initiatives that are taking place in Warwick. It would consist of a brief presentation, pre/posttest. I am hoping you are on board and that I can do the presentation at a nurses meeting in the fall, perhaps at the Nov. meeting. I will be happy to share my data with you and have you attend the program. I look forward to your reply.

Thank you,

Andee

On Wed, Jun 20, 2018 at 1:26 PM Jennifer Connolly wrote:

Yes, I am more than happy to support you with this. Are you using the RI SEL standards?

Jen

Appendix B

6 February

2019

Dear Warwick School Nurse Teachers,

As some of you may know, I am enrolled in an MSN program at Rhode Island College. I have been working on my master's project with Dr. Joanne Costello. I would like to invite you to participate in my project! I have developed an educational program which you may find interesting. Participation will entail a brief pre-survey lasting approximately 5 minutes, attending a 20-30 minute educational program and taking a brief post-survey. I will be sending you an email with more details. There are no negative consequences of participating in the program and your participation is strictly voluntary.

Thank you for your consideration.

Andee Sharkey

Appendix C

Increasing School Nurse Teachers' Awareness of the Social, Emotional Learning Initiatives in the Public Schools

Pre and Post Survey

1. Are you familiar with the term Social Emotional Learning (SEL)?

- a). Yes
- b). No

2. Are you aware of any Social Emotional Learning initiatives endorsed by the Rhode Island

Department of Education?

- a). Yes
- b). No

3. Are you aware of any Social Emotional Learning programs in which the Warwick Public

Schools system participates?

- a). Yes
- b). No

4. Do you see children in your office who are expressing symptoms that may be related to

mental health issues, for example: anxiety, depression, ADHD, PTSD?

a). Yes

b). No

5. If you answered yes to question #4, how many students per day express symptoms that may be related to mental health issues?

a). 0

b). 1-2

c). 3-5

d). more than 5

6. Is someone always available in your school to address the specific mental health issues?

a). Yes

b). No

7. Do you believe you are adequately prepared to deal with students who are experiencing

mental health issues who present themselves at your office?

a). Yes

b). No

8. Have you heard of the Collaborative for Academic, Social and Emotional Learning (CASEL)?

a). Yes

b). No

9. Have you heard of Positive Behavioral Interventions and Supports (PBIS)?

a). Yes

b). No

10. If you answered yes to question 8 or 9, briefly describe your knowledge of CASEL
and

PBIS.

Appendix D

INCREASING SCHOOL NURSE TEACHERS' AWARENESS OF THE SOCIAL EMOTIONAL LEARNING INITIATIVES IN THE PUBLIC SCHOOLS

Andrea Sharkey, RN

Social and Emotional Learning (SEL)

- Social and Emotional Learning is a process for helping children and adults develop the fundamental skills for success in life. These skills include recognizing and managing our emotions, developing caring and concern for others, establishing positive relationships, making responsible decisions and handling challenging situations constructively and ethically. (CASEL.org)

SEL

- SEL addresses children's relationships with others, adults and other children
- Children's sense of personal identity and self-confidence
- Children's ability to regulate emotions and behavior

Collaborative for Academic, Social and Emotional Learning (CASEL)

- <https://www.youtube.com/watch?v=Do1R67EkQNI>
- <https://www.youtube.com/watch?v=d6vS0UBGSW4>

Collaborative for Academic, Social and Emotional Learning (CASEL)

- Core Competencies
- Self-awareness
- Self-management
- Social awareness
- Relationship skills
- Responsible decision-making

Why do schools participate in SEL?

- SEL has been endorsed by the Rhode Island Department of Education (RIDE).
- According to RIDE, every school must follow a Basic Education Plan (BEP) that requires schools to create a climate of safety for all students and adults, an environment that builds respectful relationships, enhances productive learning and teaching, promotes school engagement and promotes academic success.
- Learning standards :Competencies for School and Life Success
- www.ride.ri.gov/StudentsFamilies/HealthSafety/SocialEmotionalLearning.aspx

Why participate in SEL continued

- Schools emphasize:
 - mutual respect
 - self-control
 - good attendance
 - order and organization
 - proper security
- Teacher evaluations recognize the importance of SEL

Warwick Public Schools and SEL

- Positive Behavioral Interventions and Support (PBIS)
- Respect Yourself, Respect Others and Respect Property
- Be Safe, Be Responsible, Be Respectful
- Respect Relationships and Respect Responsibilities

■ www.pbis.org/school/swpbis-for-beginners

Positive Behavioral Interventions and Support (PBIS)

School Nurse Teachers and SEL

- According to the Center for Disease Control (CDC) (2013) and the National Library of Medicine (2013) the numbers of emotional and mental health issues in children have increased significantly. According to the National Institute of Mental Health (NIMH) (2017), the prevalence of mental illness in these age groups is 20 percent. Schools are increasingly implementing social-emotional programs and curricula to address these needs. School nurses provide care for many of these children and are in a position to help them. However, many school nurse teachers may not be aware of the social-emotional programs and curricula programs that are in place.
- <https://www.cdc.gov>
- <https://www.nimh.nih.gov>

School Nurse Teachers Role

- Nursing Process
 - Assessment Phase
 - Diagnosing Phase
 - Planning Phase
 - Implementing Phase
 - Evaluation Phase

Brainstorming Strategies

- Deep breathing
- Guided imagery
- Ideas????
- Q&A

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